

Outbreak #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

<b>Respiratory Outbreak Management Checklist</b>		<b>Date Initiated yyyy/mm/dd</b>
1.	<p>Development of working case definition: <a href="#">Enter Definition Here</a></p> <p>Identify resident/patient and staff cases.</p> <ul style="list-style-type: none"> <li>Start Respiratory Line List (separate lists for resident/patient and staff cases).</li> </ul>	
2.	<p>Notify members of the facility's Outbreak Management Team (OMT) including medical advisor.</p> <ul style="list-style-type: none"> <li>Set up initial OMT meeting.</li> <li>OMT meets daily to review OB status.</li> </ul>	
3.	<p>Notifications and communication to families, visitors and community partners. Includes posting signage.</p>	
4.	<p>Line list is faxed to health unit confidential fax number <b>at the time of initial contact</b> with the health unit.</p> <ul style="list-style-type: none"> <li>Communications and faxing line lists is done on an ongoing basis as established with facility and liaison for the duration of outbreak.</li> </ul>	
5.	<p>Report immunization rates for residents and staff at the time of initial notification (during influenza season)</p> <ul style="list-style-type: none"> <li>Implement exclusion policy and staffing contingency plans as required (during influenza season November - April).</li> </ul>	
6.	<p>Administration and implementation of antivirals as recommended by the MOHLTC and is found within the facility's OB preparedness plan (pg. 56-57)</p>	
7.	<p><a href="#">Implement general Infection Prevention and Control (IPAC) Measures as required by the MOHLTC Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Home:</a></p> <ul style="list-style-type: none"> <li>Ensure all supplies are readily available (ABHR, appropriate PPE, etc.). (p. 41-46)</li> <li>ARI symptomatic residents are encouraged to stay in their rooms and put on droplet/contact precautions at the time first symptom are identified. (Section 4.2.2; p. 49)</li> <li>Ongoing surveillance of asymptomatic residents/patients. (p. 25 &amp; 37)</li> <li>Review of importance of Hand Hygiene to staff, volunteers, residents and visitors. (Section 4.1.2; p. 41)</li> <li>Limit resident movement within the facility for essential purposes only. – Line listed residents should wear mask, as tolerated for such times. (p. 49-50)</li> <li>Discuss plans for antivirals, vaccination, exclusion policy and staffing contingency plans (as appropriate). (Section 4.6 &amp; Appendix 9)</li> </ul>	
8.	<p>Cohort care as a facility is able. (p. 52)</p> <ul style="list-style-type: none"> <li>Movement of staff, students and volunteers between affected/unaffected floors/units is limited.</li> <li>Certain staff members should look after ill residents/patients while others look after well residents/patients.</li> </ul>	
9.	<p>Cancel or reschedule social activities and communal meetings.</p> <ul style="list-style-type: none"> <li>Group activities, outings, communal meetings and functions in the affected areas are cancelled or rescheduled.</li> <li>No interaction between the affected areas and participants in on-site child care or day programs should occur (if applicable).</li> </ul>	
10.	<p>Exclusion of ill staff who are line listed for appropriate time frames.</p> <ul style="list-style-type: none"> <li>Symptomatic staff report their illness to the facility and refrain from working while infectious.</li> </ul>	

Outbreak #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

<p>11. Enhanced and appropriate environmental cleaning and disinfection during outbreak.</p> <ul style="list-style-type: none"> <li>• Cleaning is followed by adequate disinfection.</li> <li>• Appropriate disinfectant utilized and as per manufacturers' directions including contact times.</li> <li>• Increased frequency of cleaning and disinfecting is required for high touch surfaces, objects, and clients' environments.</li> <li>• Cleaning and disinfection of multi-use equipment should be completed after each use.</li> </ul>	
<p>12. Transfers, discharges, appointments and admissions should be done in consultation with SMDHU.</p> <ul style="list-style-type: none"> <li>• Transfers, re-admission of non-cases and new admissions are not recommended during an outbreak.</li> <li>• Utilize NSM LHIN respiratory and gastroenteritis outbreak transfer repatriation document</li> </ul>	
<p>13. Early collection, storage and submission of appropriate specimens; appropriate labeling (including requisitions).</p> <p>Number of kits on site _____ Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Ensure proper labeling/storage of samples and requisitions.</li> <li>• Call CD Team for arrangement of pick-up of specimens. (Appendix 1; p. 58)</li> </ul>	

<b>Facility</b>	Name: _____	<b>SMDHU</b>	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No